HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)	
KAHIKINA, MICHAEL, PUAMAMO	STATE REPRESENTATIVE, 44th District	
	TERM OF OFFICE (Begin/End): 11/94 / PRESENT	

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	BOYS AND GIRLS CLUB, HAWAII 1523 KALAKAUA AVENUE HONOLULU, HAWAII 96826	D	GRANTS ADMINISTRATOR
SP	HEADSTART 87-169 HELELUA STREET WAIANAE, HAWAII 96792	D	HEAD TEACHER
[]Check her	[]Check here if entry is None []Check here if additional sheets are attached		

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F HEKEKO, LLC NATIVE HAWAIIAN OV	OWNER	000/
89-416 NANAKULI AVENUE WAIANAE, HAWAII 96792 ORGANIZATION START-UP SEEKING BUSINESS		33%

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ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
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[√]Chec	[√]Check here if entry is None []Check here if additional sheets are attached	

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	WELLS FARGO BANK 2051 KILIEBREW DRIVE MAC X 4501-052 BLOOMINGTON, MN 55479	F	F
JT	AMERIQUEST P.O. BOX 11000 SANTA ANA, CALIFORNIA 92711-1000	F	F

]Check here if entry is None ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or

organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	KOKUA OHANA CENTER 89-195 FARRINGTON HIGHWAY WAIANAE, HAWAII 96792	PRESIDENT	8 YEARS	-0-
F	NANAKULI HAWAIIAN HOMESTEAD COMMUNITY ASSOCIATION 89-188 FARRINGTON HIGHWAY	VICE PRESIDENT DIRECTOR	4 YEARS 6 YEARS	-0- -0-

]Check here if entry is None

[]Check here if additional sheets are attached

[]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List inte	rests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more
Real pro	perty that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
JT	MOUNTAIN VIEW, HAWAII	3-1-1-033-053-0000-001-2	С
JT	MAUNALOA VACATION OWNERSHIP	3-7-8-010-058CPR031	c
JT	87-240 LAULELE STREET WAIANAE, HAWAII 96792	1-8-7-029-025	F
JT	ORANGE LAKE RESORT AND COUNTRY CLUB, WEST IRIO BRONSON MEMORIAL HWY. KISSIMMEE, FLORIDA 34747-8201		

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	JUNECK	nere	if entry	'IS I	none

[]Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
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[] Check here if entry is None

[]Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)
List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

[] Check here if entry is None

[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME	OF CLIENT	NAME OF STATE AGENCY
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[Check here	if entry is None	[]Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST		VALUE
			STATE OF HAWAII STATE ETHICS COMMISSION	706 JUN -7 A8:43	

[√]Check here if entry is None

[]Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not/disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE